FACULTY INVOICE

Online Academy Name

Invoice #: _____

Date: _____

INSTRUCTOR INFORMATION

Name: _____

ID: _____

Email: _____

PAYMENT DETAILS

Method: _____

Period: _____

Course Code / Name	Service Type (Lecture/Grading)	Hours/Units	Rate	Total

Subtotal: $_____

Adjustments: $_____

Total Amount Due: $_____

Certification: I hereby certify that the hours and services reported above are accurate and performed in accordance with academy policy.

Signature: _____ Date: _____